If more blanks are needed, address Stale Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

| _   | 107-0  |
|-----|--|
|     | Registration Dist. No. 92  |
|     | NoSt. Ward   |
|     | death occurred in a hospital or institution, give its NAME instead of street and number)     |
| os. | ds How long in U.S. if or topelgn birth?   |
| 1   | 1 O. S. Veterali, specify WAR 9  |
| 1   | St., Ward.  If nonresident give city or town and State                                       |
|     | MEDICAL CERTIFICATE OF DEATH   |
|     | 21. DATE OF DEATH  |
|     | (Month) (Day) (Year)   |
|     |  |
|     | 22. I HEREBY CERTIFY. That I attended deceased from  |
| _   | 7, 10-1-1, 10-1-1, 10-1-1  |
|     | i last saw h; death is said  |
|     | to have occurred on the date stated above, atm.  |
|     | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows                |
|     | / merunia:   |
|     | probably brombjal ight tipes govers.   |
|     | from alstarpfism   |
|     | Joynfling  |
|     |  |
|     | Other Contributory Causes of importance:   |
|     | Physician ded not see infant until   |
|     | after her deaths   |
|     | Name of operation Date of  |
| 5   | What test confirmed diagnosis? What test confirmed diagnosis? What test confirmed diagnosis? |
| 1   | 23 If death was due to external causes (VIOL ENCE) fill in also the following:               |
| _   | Accident, suicide, or flomicide Date of injury 19  |
|     | Where did injury occur?  |
|     | (Specify city or town, county and State)   |
|     | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.                    |
| -   | Manage of Indiana  |
|     | Manner of injury   |
| 1   | Nature of injury   |
|     | 24. Was disease or injury in any way related to occupation of deceased?                      |
| _   | If so, specify ( ) ( Corner)   |
| -   | (Signed) (Signed) M. D.  |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| ₩0 V 5 1937  |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |

| ADDITIONAL | SPACE | FOR FUR | THER STA | TEMENTS | BX | PHYSICIAN |
|------------|-------|---------|----------|---------|----|-----------|
|            |       |         |          |         |    |           |

V. S. No. 1

| STATE OF MARYLAND   | CERTIFICATE OF DEATH 10829  |
|---|---|
| County Olders  Village or City Ohelds   | Registration Dist. No. 9 2  No. Chushous St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) |
| (a) Residence: No. Almshouse P.O. Houten and (Urinal place of abode) Matter   | ds. How long In U. S. If of foreign birth? yrs. mos. ds.  If U. S. Veteran, specify WAR  St. Ward.  Ward.  MEDICAL CERTIFICATE OF DEATH     |
| 3. SEX 4. COLOR, OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  | 21. DATE OF DEATH  Och 7 193 4  (Month) (Dey) (Year)  |
| 6. DATE OF BIRTH (month, day, and year willy 12-1851  7. AGE Years Months Days If LESS than I day, hrs. or min.  8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. SAWYER, BOOKKEPER, etc. SAWYER, BOOKKEPER, etc. 10. Date decased last worked et this occupation (month and more many paar)  12. BIRTHPLACE (city or town) Level Canady (State or country) | I HEREBY CERTIFY. That I attended deceased from  Not 13 1935, to 17 1937.  I lest sew h   |
| 14. BIRTHPLACE (city or town) unknown (State/or country)  | Name of operation Dete of What test confirmed diagnosis? Was there an autopsy?  |
| 15. MAIDEN NAME AMPROVON  16. BIRTHPLACE (city or town) American (Stete or country)  17. INFORMANT ALECASED (   | 23. If death wes due to external causes (VIOLENCE) fill in also tha following:  Accidant, suicide, or homicide?                             |
| (Address)  18. BURIAL, CREMATION, OR DEMOVAL  Place West Zank  Date Oct. 12, 1937   | Manner of Injury  |
| 19. UNDERTAKER Madreon Mitchell (Address) Favre de Serace Md. 20. FILED N 8, 1934 F Braues From 12 Progression. Registrar.  | 24. Was disease or Injury In any way ralated to occupation of deceased?  If so, specify (Signed) M. D.  (Address) M.D.                      |

If more blanks are needed, addres State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
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| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5, 1927  | Peritonitis  | 3 days ago    |
| NOV 5 1931   |               |  |               |
| Other contributory causes of importance:                                       | ا             | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

N. B.—WRITE PLA

10830

| 1. PLACE OF DEAT                                  | Н             |                         |                       | (131)  |
|---|---------------|-------------------------|-----------------------|--|
| County  | oail          | WITHIN                  |                       | Registration Dist. No.  No.  St., Ware fideath occurred in a hospital or institution, give its NAME instead of street and number)  s. ds. How long in U.S. il of foreign birth? yrs. mos.  |
| Villago or City                                   | Filt          | - AKBarasan             | GRATE LIL             | No. St. War  |
| Village of City                                   |               | 144                     | distant               | (Heath occurred in a hospital or institution, give its NAME instead of street and number)  |
| Length of residance in city                       | or town whare | daath occurred          | yrs,mos               | ds. How long in U.S. il of foreign birth?yrsmosd   |
| 2. FULL NAME                                      |               |                         |                       | If U. S. Veteran, specify WAR hone   |
|   |               |                         |                       | St. Ward.  |
| (a) Residence: No                                 | L0A_U         | athedra<br>(Usual place | of abode)             | If nontesident give city or town and State   |
| PERSONAL AN                                       | STATIST       | ICAL PARTI              | CULARS                | MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX 4. COLOR                                   | OR RACE       |                         | RIED, WIDOWED,        | 21. DATE OF DEATH  |
| Molo Wi   | nite          | OR DIVORCE              | D (write the word)    | (October 6 193   |
| Male W.  5a. If marriad, widowed, or divor        |               | Merri                   | eu.                   | (Month) (Day) (Year)   |
| HUSBAND of<br>(or) WIFE of                        |               |                         |                       | 22.   I HEREBY CERTIFY, That attended decaasad from  |
| FL  | ora Nar       | idain Br                | own                   | Kay dd 193 t, to Cl Crober 6, 195  |
| 6. DATE OF BIRTH (month, day                      | and year)     | Feb 14                  | 1976                  | flast saw n. afive on Q extern 6, 1957; death is sal   |
| 7. AGE Yaars                                      | Months        | Days                    | If LESS than          | to have occurred on the date steted above, atm.  |
| 61  | 7             | 22                      | 1 day,hrs.            | THE PRINCIPAL CAUSE OF DEATH and Taland Courses of Importance  |
| 8. Trade, profession, or pe                       | rticular      | 1 22                    | 01mm.                 | were as follows: Oate of onse  |
| kind of work done, a<br>SAWYER, BOOKKEEI          | S SPINNER,    | Printe                  | 70                    | Pardi - vas cular renso  |
| 9. Industry or business in                        | which         |                         |                       | The state of the s |
| work was done, as S<br>SAW MILL, BANK, e          | ILK MILL,     |                         |                       | - COASSAN  |
| D TO. Date deceasad lest world                    | ked at        | 11. Totel t             | lme (years)           |  |
| this occupation (mon year)                        |               | spe<br>occ              | nt in this<br>upation |  |
|   | ד רמי         | ton                     |                       | Other Contributory Causes of importanca:   |
| 12. BIRTHPLACE (city or town). (State or country) |               | vland                   |                       |  |
| 1   | Wal           | yland                   |                       |  |
| 13. NAME George                                   | ge A. Br      | own                     |                       |  |
| 14. BIRTHPLACE (city or to                        | wn)           | Elkton                  |                       | Name of operation  |
| (State of country)                                |               | Maryla                  | na                    | What test confirmed diagnosis? Calluctal Was there an europsy?   |
| 15. MAIDEN NAME  16. BIRTHPLACE (city or too      | Hannah        | E. Thom                 | as                    | 23. If death was due to external causas (VIOLENCE) fill in also tha following:   |
| 16, BIRTHPLACE (city or to                        | vn)           | Elkton                  |                       | Accidant, suicide, or homicide?  |
| ≤ (State or country)                              |               | Maryla                  | nd                    | Where did injury occur?  |
| Wice.   | This co       | beth Br                 | m tiran               | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE,   |
|   | Cathed        |                         | Elkton                |  |
| 18. BURIAL, CREMATION, OR R                       |               |                         | Md.                   | Manner of injury   |
| Place_Elkton.                                     | Cemete        | rypate Oct              | 9 ,1837               | - Nature of injury   |
|   | . (           | 3 10                    |                       |  |
|   | seph.a.       | 1. dia                  |                       | 24. Wes disease or injury in eny wey related to occupation of daceased?  |
| (Addrass) NO                                      | th Fas        | I, Mary                 | land                  | If so, specify had sale sale sale sale sale sale sale sale   |
| 20, FILED CCV 8, 1                                | 937-10        | rouse                   | drag &                | (Signed) / / W A S A M.  |
|   | //            |                         | Registrar.            | (Address)  |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

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|--|---------------|--|---------------|
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| Chronic interstitial nephritis NOV 5 1931                                      | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Perilonitis  | 3 days ago    |
| RUREAU V. S.   | 3             |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |

ż

|       | STATE OF MARYLAND—  | CERTIFICATE OF DEATH  | 1831          |
|-------|---|---|---------------|
| 1.    | PLACE OF DEATH  | (51) a/   |               |
|       | County Class  | Registration Dist. No. / C  | ?             |
|       | Village or City Junyvelle (If   | NoSt.,St.,St.   | Ward          |
|       |   | ds. How long in U.S. if of foreign birth?mos  |               |
| 2.    | FULL NAME Mrs. Grace Ella Dear  | If U. S. Veteran, specify WAR   |               |
|       | (a) Residence: No. Susunkannal Terre  | St., Ward.  |               |
|       | (Usual place of abode)  | If nonresident give city or town and S  | lale          |
|       | PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH  |               |
| 3. SI | OR DIVORCED (quite the word)  | 21. DATE OF DEATH   | 102           |
| 1     | remale While Midow  | (Month) (Day)   | (Year)        |
| a. I  | f married, widowed, or divorced  HU3BAND of (or) WIFE of Lease & Deaner                   | 22.   HEREBY CERTIFY, That I attended d   | eceased from  |
|       | 1. 1. 14 1-10   |   | death is said |
| 6. D  | ATE OF BIRTH (month, day, and year) SULLY 6 - 1886  GE Years Months Days If LESS than     | to have occurred on the date stated above, at 9.1535 £ im.  | ueath is said |
| . A   | l day,hrs.  | The PRINCIPAL CAUSE OF DEATH end related causes of importance   |               |
| 1     | 0 Z / / ormin.  | were as follows:  | Data of onset |
|       | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEFER, etc | Jeanet no Miller un   | . J. J. Seri  |
| UPAI  | 9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc         | artemo Solemais WYC   | 1933          |
| 3     | 1D. Date deceased last worked et this occupetion (month and spent in this                 | Hypelenin   |               |
| -     | year) occupation  | Other Contributory Causes of Importance:  |               |
| 12.   | BIRTHPLACE (city or town) Luncally (State or country)                                     | ogrelad Hemondage.  | Oct 2         |
| ב     | 13. NAME John Dawson  |   |               |
| FATH  | 14. BIRTHPLAGE (city or town)   | Name of operation Date of   |               |
|       | (State or country) Unknown  | What test confirmed diagnosis? Was there an au  | itopsy?       |
| HER   | 15. MAIDEN NAME Wash  | 23. If death was due to external causes (VIOLENCE) fill in also the following:                                    |               |
| MOIH  | 16. BIRTHPLACE (city or town)   | Accident, suicide, or homicide? Date of injury  | , 19          |
| É     | (State or country)  | Where did injury occur?   | ·             |
| 17.   | INFORMANT Mr. John J. Dearrer<br>(Address)  | (Specify city or town, county and State<br>Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLA | CE.           |
| 18    | BURIAL, CREMATION, DR REMOVAL   | Manner of injury  |               |
| 10.   | Place Bakers Concley Date Oct. 29 7, 1927   | Neture of injury  |               |
| 19.   | UNDERTAKER Sensy Jarryng Hons   | 24. Was disease or injury in any wey related to occupation of deceased?   |               |
| 20.   | FILE CT , 28, 1937 & Frances  Registrar.  | (Signed) August Called (Address) Laure de franço  | M. 1          |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Cerebral hemorrhage  | July 5, 1927  | Peritonitis  | 3 days ago    |  |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |  |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |  |
|  |               |  |               |  |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
| ADDITIONAL | SPACE | run | FURTHER | STATEMENTS | BI | PHISICIAN |

PHYSICIANS should state AD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-LY, WITH UNFADING INK-THIS IS A PERMANENT REC. JARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied. N. B.-WRITE PL.

V. S. No. 1

| STATE OF MARYLAND   | CERTIFICATE OF DEATH   |
|---|--|
| 1. PLACE OF DEATH   |  |
| County Level  | Registration Dist. No. 76  |
| Village Dr City Clesson   | NoSt. Ward   |
|   | death occurred in a hospital or institution, give its NAME instead of street and number)                           |
| Length of residence In city or town where death occurredyrsmos.   | ds. How long In U.S. if of foreign birth?yrsmosds.   |
| 2. FULL NAME lelly - Jallason   | If U. S. Veteran, specify WAR  |
| (a) Residence: No. (Malpine of abode)   | St., Ward.  If nonresident give city or town and State   |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX 4. COLOR OR/RACE OR DIVORCED (write the word)  | 21. DATE OF DEATH Oct 29 , 193.)   |
| 5a. If married, widowed, or divorced  | (Month) (Day) (Year)   |
| HUSBAND of (or) WIFE of   | 22. LHEREBY CERTIFY. That, I attended deceased from  |
| C DATE OF BIRTY ( A   | Heat south as a still as Of 200  |
| 6. DATE OF BIRTH (month, day, and year) 10 0 0 7. AGE Years Months Days If LESS than  | to have occurred on the dete stated above, at P. I. m.   |
| 7/ // / 1 day,hrs.  | The PRINCIPAL CAUSE OF DEATH and releted causes of Importance  |
| 8 Trade profession or particular  | were as follows:   |
| 8. Trade, profession, or perticular kind of work done, as SPINNER Bruch Musow SAWYER, BDDKKEEPER, etc.  | Transer of stanser   |
| kind of work done, as SPINNER Study Masou SAWYER, BDDKKEEPER, etc  Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc  11 Total time (years) | July 17  |
| a. Industry or business in which work was done, as SILK MILL feel will.   |  |
| 11. Total time (years) this occupation (month and 936) year)  |  |
| 12. BIRTHPLACE (city or town) Labele  | Other Contributory Causes of Importance:   |
| (State or country),   | May 9 18   |
| 13. NAME Wenny Las bason  | ······································   |
| 13. NAME CONTY LA SANCE (city or town) That Desgrat 177 D.  | Name of operation. Score Date of   |
| (State or country)  | What test confirmed diegnosis? Was there en europsy? 45  |
| 15. MAIDEN NAME ( izabeth Semmyton  | 23. If deeth wes due to externet causes (VIDL ENCE) fill in also the following:                                    |
| 15. MAIDEN NAME (Lizabeth Counting lose) 16. BIRTHPLACE (city or town) unlo wowth   | Accident, suicide, or homicide? Dete of injury 19  |
| (State or country)  | Where did Injury occur? No again   |
| 17. INFORMANT Selvy Jalozan   | (Specify city or fown, county and State) Specify whether injury occurred in INDUSTRY, in MOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL   | Manner of Injury   |
| Place Office Celle. Date 100 . 193/   | Neture of Injury   |
| 19. UNDERTAKER Elle Callergon   | 24. Was disease or injury in any way related to occupation of deceased?  |
| (Address) Perryvely mad.  | If so, specify   |
| 20. FILED 16-1 1937 % J. Danders.   | (Signed) M. D.   |
| Registrar.  | (Address) Sittly Time Wed  |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  | 1             | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitlal nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |

| ADDITIONAL STACE FOR FURTHER STATEMENTS DI THISIOL | IONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI | SICI. | PHYS | BY | STATEMENTS | FURTHER | FOR | $\mathbf{CE}$ | SPA | AL | ADDITIONA |
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|  | XACTL  | classified.  | •  |
|  | stated E   | properly   | certificate  |
| 2  | be   | be   | of   |
| O TOLINE   | GE should  | that it may  | ons on back of certificate.                                      |
| TARREST A CONTRACT OF THE CONT | nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. | IION is very important. See instructions on back of certificate. |
|  | refully  | in plai  | tant. S  |
|  | ld be ca   | DEATH  | y impor  |
| 4  | shou   | OF   | ver  |
| 1  | 154  |  |  |

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEAT County Registration, Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) \_\_mos.\_\_\_\_ds. How long in U.S. If of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_ If U. S. Veteran, specify WAR (a) Residence: No (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write thatword) (Month) (Day) (Year) 5a. If marriad, widowed, or divorced HUSBAND of That I attanded decaased from (or) WIFE of 02 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Deys If LESS then to have occurred on the date stated above, et. I day, ....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or ..... min. Date of enset 8. Trede, profession, or perticular PATION kind of work done, es SPINNER, SAWYER, BOOKKEEPER, atc ..... 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceasad last worked et 11. Total tima (yaars) this occupetion (month and spent in this yeer) \_\_\_\_\_ occupation. 12. BIRTHPLACE (city or town) (State or country) FATHER 14. BIRTHPLACE (city or town) Name of operation. (State or country) Whet test confirmed diegnosis? ...... Was there an autopsy? ..... MOTHER 15. MAIDEN NAME 23. If deeth was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? ..... Dete of injury 16. BIRTHPLACE (city or town (State or country Where did injury occur? ... (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Nature of Injury\_\_\_\_\_ 24. Was diseesa or injury in any way related to occupation of decaased? 19 UNDERTAKER (Address) If so, specify (Signad) Registrar

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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| Example I  | II.           | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| William Admitted to  |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state SKD. Every item of infor-Exact statement of OCCUPA. N. B.—WRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT REC CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. IARGIN RESERVED

V. S. No. 1

| STATE OF   | MARYLAND-  | CERTIFICATE                                  | OF DEA                | TH                    | 0334            |
|--|--|--|-----------------------|-----------------------|-----------------|
| 1. PLACE OF DEATH  | 0 -  | 943  |                       |                       | 1/              |
| County C   |  |  | Registration D        | ist. No.              | 6               |
| Village for City of Def  | mil  | No   |                       | St.,                  | Ward            |
| Langth of rasidenca in city or town whare daat                                     | ~ ~  | death occurred in a hospital or institut     |                       | instead of street and | l number)       |
| 2. FULL NAME LUSTE   | m. Len   |  | 11                    | will                  | (mas)           |
| 11114  | 100 Marit  | If U.S. Veteran,                             | specify WAR           |                       |                 |
| (a) Residence: No. [ ]   | (Usual place of abode)                                 | St. M. Ward.                                 | If nonresident g      | ive city or town an   | d State         |
| PERSONAL AND STATISTIC   | AL PARTICULARS   | MEDICAL CI                                   | ERTIFICATE            | OF DEATH              |                 |
| 3. SEX 4. COLOR OR RACE 5.   | SINGLE, MARRIED, WIDOWED, OX DIVORCED (write the work) | 21. DATE OF DEATH                            | 11                    | 23                    | 7               |
| 111 000  | Maure  |  | (Month)               | (Day)                 | (Year)          |
| 5a. If marriad, widowad, on divorced HUSBAND of                                    | E. Lunini  | 22. I HEREBY                                 | CERTIEV               | , That I attanda      | d dacased from  |
| (or) WIFE of Colonial  | C HERRICO  | Klidnota                                     | al cu                 | ital                  | 19              |
| 6. DATE OF BIRTH (month, day, and year)  | Conower  | I last saw h Coliva on                       | Th.                   | , 19                  | ; daath is said |
| 7. AGE Years Months  | Days If LESS than                                      | to have occurred on the data state           | d abova, at 1.4       | 0 m.                  |                 |
| about H!   | 1 day,hrs.   | The PRINCIPAL CAUSE OF DEAT were as inflows: | H and ralated causas  | of Importanca         | Date of onset   |
| 8 Trade, profession, or perticular kind of work dona, as SPINNER,                  | al al ·  | Leons  | nan                   | 7                     | Date of onset   |
| SAWYER, BOOKKEEPER, etc.   | avour .  | 1/   | from 1                |                       |                 |
| 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. | MM.  | 1000000                                      |                       | -e                    |                 |
| U 10. Data decaasad last workad at   | 11. Total time (yaars)                                 |  |                       |                       |                 |
| this occupation (month and year)   | spant in this occupation                               |  |                       |                       |                 |
| 12. BfRTHPLACE (city or town)  | ( -  | Other Contributary Causes of impo            | rtance:               |                       |                 |
| (Stata or country)   | 1  |  |                       |                       | **              |
| 13. NAME DIT   | Thomas Jeurs   |  |                       |                       |                 |
| 14. BIRTHPLACE (city or town) Urau   | ige co   | Neme of operation                            |                       | Date of.              |                 |
| (Stata of country)   | 1. stal  | What test confirmed diagnosis?               |                       | Was there an          | autopsy?        |
| 15. MAIDEN NAME  | and farbough   | 28. If death was due to external cau         | ses (VIOLENCE) filf   | In also the followi   | ng:             |
| 0 16. BIRTHPLACE (city of town) Main   | ge do.   | Accident, suicide, or homiode?               | W B                   | ate of Injury         | , 19            |
| (Stete or couffry)   | ya.  | Where dld injury occur?                      | (Specify city or to   | own, county and St    | (atc)           |
| 17. INFORMANT (Addrass)  | Luce   | Specify whether injury occurred in           | INDUSTRY, in HOM      | E, or in PUBLIC P     | LACE.           |
| 18. BURIAL CREMATION, OR BEMOVAL   | Differ   | Manner of Injury                             |                       |                       |                 |
| Place of subury Cew.   | Date 2 2 1, 19 37                                      | Nature of Injury                             |                       |                       |                 |
| 19. UNDERTAKEN EL a. Vatte   | Trout 1  | 24. Was disease or injury in any w           | ay related to occupat | lon of deceesed?      |                 |
| (Addrass) Perry cress  | alad.  | If so, specify                               |                       | 11-                   | 10)             |
| 20. FILED 10. Z7 1937 20-5   | Sauders)   | (Signed) 10 50                               | asau.                 | Coun                  | .M. D.          |
| 20, 1120   | Registrar.   | (Address) VEC                                | ring                  | sem                   | na              |
| If more bla  | nks are needed, address State Registrar,               | 2411 N. Charles Street, Baltimore, Re        | questing U. S. No.    |                       |                 |

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| Example I   |               | Example II   |               |
|---|---------------|--|---------------|
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| Chronic interstitial nephritis  | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage   | July 5,1927   | Peritonitis  | 3 days ago    |
|   |               | ,  |               |
| Other contributory causes of importance:  |               | Other contributory causes of importance:                                       |               |
| Gallstones  | May 1,1923    | Gastroenteritis  | 1 year        |
|   |               |  |               |

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC |
|---|
|---|

REMOVAL OF NAME OF WIFE OF DECEASED: LETTER December 15, 1937 under Dr. Dodson .- L



24

PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECAID. Every item of infor-Exact statement of OCCUPAstated EXACTLY. properly classified. FOR BINDING TION is very important. See instructions on back of certificate. ARGIN RESERVED pe AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. N. B.-WRITE

V. S. No. 1

| 1. PLACE OF DE   |                              | F MAK                        | TLAND—   | CERTIFICATE OF DEATH   | 0835                    |
|--|------------------------------|------------------------------|--|--|-------------------------|
| County Co  | ecil .                       | -7                           |  | Registration Dist. No. 96  |                         |
| Village Dr City  |                              |                              | (1)  | No   |                         |
| 2. FULL NAME  (a) Residence: No.   |                              |                              | . Charlest                                     | on , Still • Va • Ward.  If u. S. Veteran, specify WAR World  On , Still • Va • Ward.  If nonresident give city of town and  | State                   |
| PERSONAL A   | ND STATIST                   |                              |  | MEDICAL CERTIFICATE OF DEATH   |                         |
|  | or or race                   | 5. SINGLE, MAR<br>OR DIVORCE | RIED, WIDOWED, D (write the word) ed           | 21. DATE OF DEATH October 26. (Month) (Day)  | , 193_7                 |
|  | s. Edna S                    | SCHMIDT //McCorkl            |  | 22. I HEREBY CERTIFY, That i attended  June 24 ,19 37, to October 26 ,19 37  | 6, 1937                 |
| 6. DATE OF BIRTH (month, of 7. AGE Years   | Months 2                     | Days 22                      | If LESS than 1 day,hrs. ormin.                 | to have occurred on the date stated above, at 12:35.P. M.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  | Date of coret           |
| 8. Trade, profession, or kind of work don SAWYER, BOOKK 9. industry or business work was done, a SAW MILL, BANK 10. Date deceased last we this occupation (a | in which s SILK MILL, (, etc | Printer Print Sh             |  | General Paralysis of the Insam   | unknow                  |
| 12. BIRTHPLACE (city or tow<br>(State or country)  |                              |                              | ime (years) nt in this Unknown upation Unknown | Other Contributory Causes of Importance:   |                         |
| 13. NAME M111  | ard F. Ma                    | whinney                      |  |  |                         |
| 14. BIRTHPLACE (city or (State or country)   | town)                        | Rockland<br>Ohio             |  | Name of operation. — Date of   | autopsy? No             |
| 15. MAIDEN NAME  | Kather                       | ine Roch                     | Rock   | 23. If deeth was due to external causes (VIOLENCE) fill in also the following  | <b>z</b> :              |
| 15. MAIDEN NAME Katherine Rock Rock  16. BIRTHPLACE (city or town) Pittsburgh (State or country)  17. INFORMANT Hospital Records                             |                              |                              |  | Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL | le)                     |
| (Address)  |                              |                              |  |  |                         |
| 18. BURIAL GREMATION, OR   |                              | 7 0                          | 00 50  | Manner of injury   |                         |
| 19. UNDERTAKER (Address) PANN 20. FILED 7  | . 4-                         | How<br>SON<br>ey Mar         |  | Nature of Injury   | C. E                    |
|  | 10.                          | . Dan                        | elle Aczistrąr.<br>address State Registrar,    |  | ctor<br>coint<br>ryland |

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|--|---------------|--|---------------|--|
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| Arteriosclerosis NOV 5 127   | 1915          | Attack of epilepsy   | 1 week ago    |  |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |  |
| Cerebral hemorrhage BUREAU V. S.   | July 5, 1927  | Peritonitis  | 3 days ago    |  |
| 011  |               |  |               |  |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |  |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |  |
|  |               |  |               |  |

|           | ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN         |   |
|-----------|--|---|
| CHANGE OF | ITEM #5a authorized by letter filed 11/20/37 under Dk. Davis | L |
|           |  |   |
|           |  |   |

V. S. No. 1

| 1. PLACE O  | F DEATH<br>Cecil   |                              |  | Registration Dist. No. 9  | 3                |
|---|--|------------------------------|--|---|------------------|
| Village or C  | City Providence  | e,                           | (II  | No. St., f death occurred in a horpital or institution, give its NAME instead of street and s. How long In U.S. if of foreign birth?yrs | Ward number)     |
| 2. FULL NA  | ME Amor Mars   | hall Mc                      | Commons                                      |   |                  |
| (a) Residen   | nce: No. Provide   | nce (R1kte<br>(Usual place   |  | St., Ward.  If nonresident give city or town an   | d State          |
| PERSON  | AL AND STATIST   | ICAL PARTI                   | CULARS                                       | MEDICAL CERTIFICATE OF DEATH  |                  |
| 3. SEX<br>Mal e   | 4. COLOR OR RACE White   | 5. SINGLE, MAR<br>OR DIVORCE | RIED, WIDOWED, D (write the word)            | 21. DATE OF DEATH October 18, 1937 (Month) (Day)  | , 193<br>(Year)  |
| 5a. If marriad, widow<br>HUSBAND of<br>(or) WIFE of                     | ved, or divorced  Ella Wiser                                     |                              |  | 22. I HEREBY CERTIFY, That I attenda Oct. 18,1937,19,to   | 9.37, 19         |
| 6. DATE OF BIRTH  | (month, day, and year)   | Mar. 2                       | 6, 1869                                      | Hast saw h. deadivean my arrival 19   | ; death is said  |
| 7. AGE Yes  | 9 6  | Days<br>19                   | If LESS than I day,hrs. ormin.               | to have occurred on the date stated above, at3_35P_m.  Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:   | Date of onset /3 |
| SAWYER  9. Industry or work was SAW MI  10. Data deceas this occu year) | ission, or particular work dona, as SPINNER, the BOOKKEEPER, etc | 11. Total t<br>spe<br>occ    | ime (years) 7<br>nt in this<br>upation[_i_f_ | Acute cardiac dilatation  Other Contributory Causes of Importance: Chronic Endocarditis and   |                  |
| (State or cou   | intry)   |                              | G. a   |   | veral year       |
| 13. NAME  | Lawson McCor   | rmons                        |  |   |                  |
| (Stata or   | r country)   | ryland.                      |  | Nama of operation Date of What test confirmed diagnosis? Was there as   |                  |
| 15. MAIDEN NA   | Me Margare   | t Perry                      |  | 23. If death was due to external causes (VIOL ENCE) fill in also the following  |                  |
|   | E (city or town) Lowi:   |                              |  | Accident, suicide, or homicide? Date of injury<br>Where did injury occur? (Specify city or town, county and Si                          | rate)            |
| 17. INFORMANT (Address)   |  | lla W. Mc<br>Elkton, N       |  | Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC I  | PLACE.           |
|   | TION, OR REMOVAL   |                              |  | Manner of injury  |                  |
| Place Sha   | rps Cametery   | Date _Oct.                   | 21,1937.                                     | Nature of Injury  |                  |
| 19. UNDERTAKER (Address)  | Joseph B   | ef au                        | <u></u>                                      | 24. Was dicase or injury in any way related to occupation of deceased?  | No               |
| 20. FILED OSLY  | 20,1937  | C.5.9                        | Registrar                                    | (Signad) (Address)  | M. D.            |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

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| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| H MON T  |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               | •  |               |

| County  | Seed  | ,              | 12.13                                   | Regis  | tration Dist. No. 9   | 2                |
|---|---|----------------|---|--|---|------------------|
| Village or C  | ity belkt   | 40             | 4                                       | No. Linear Has   | petal st.   | War              |
| 2. FULL NA  (a) Residen                             | 8 11 6  | death occurred | eryland                                 | death occurred in a horpital or institution, given to ds. How long in U.S. If of foreign to Menances  St., Ward.  If not |   | mosd             |
| PERSON  | IAL AND STATIST   | ICAL PART      | ICULARS                                 | MEDICAL CERTIFI  | CATE OF DEATH   |                  |
| 3. SEX  | 4. COLOR OR RACE  |                | RRIED, WIDOWED, ED (prite the word)     | 21. DATE OF DEATH OCK  | her 15  | 193. 7. (Year)   |
| 5a. If married, widow<br>HUSBAND of<br>(or) WIFE of | red, or divorced  | 0              |   | 22. OL HEREBY CER  | T1 FX That Lattende   | ed deceased from |
| 6. DATE OF BIRTH                                    | (month, day, and year)  | ctokes         | 12-1937                                 | I last saw h alive on  | 12 195  | 2 death is se    |
| 7. AGE Yes  |   | Days           | If LESS than 1 day,hrs. ormin.          | to have occurred on the date stated above, a The PRINCIPAL CAUSE OF DEATH and rela were as follows:                      |   | Date of onse     |
| Kind of SAWYER 9. Industry or work wa               | ssion, or particular<br>work done, es SPINNER,<br>, BOOKKEEPER, etcbusiness in which<br>s done, as SILK MILL, | non            | <u> </u>                                | Prenaturely  |   |                  |
| 0 10. Oate deceas                                   | L, BANK, etced last worked at pation (month and   | 11. Total sp   | time (years)<br>ent in this<br>cupation | Other Contributory Causes of Importance:   |   |                  |
| 12. BIRTHPLACE (ci                                  |   | ton the        | alylacid                                |  |   |                  |
| 13. NAME 14. BIRTHPLACE (State o                    | Country)  | neylv          | anie :                                  | Name of operation  | Oate of Was there a   | n autopsy?       |
| 15. MAIDEN NA                                       | ME Cleanor  | Esther         | Ferhard                                 | 23. If death was due to external causes (VIOL  | ENCE) fill in also the follow                               | ing:             |
|   | (city or town)  | ensylv         | ina.                                    | Accident, suicide, or homicide? Where did injury occur?  |   |                  |
| 17. INFDRMANT (Address)                             | Cleanor:  | y 8n9.         | Menami                                  | (Specify Specify whether Injury occurred in INOUSTE  | y city or town, county and S<br>RY, in HOME, or in PUBLIC ( |                  |
| 18. BURIAL, CREMA                                   | TION, OR REMOVAL  |                |   | Manner of Injury   |   |                  |
| Place   |   | Date           | , 19                                    | Nature of injury   |   |                  |
| 19. UNDERTAKER<br>(Address)                         |   | 2              |   | 24. Was disease or injury in any way related   | to occupation of deceased?.                                 | A                |
| 20. FILEO OCT                                       | 31,1937 8   | hours          | 1 May                                   | (Signed) M. (ford)   | (, UDroc  | Ker M            |

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| Example I  |               | Example II   |                           |
|--|---------------|--|---------------------------|
| The principal cause of death and releted causes of importance were as follows: VED | Date of onset | The principal cause of death and related causes of importance were as follows:  Attack of epilepsy | Date of onset  1 week ago |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago                |
| Cerebral hemort age NOV 3 1331   | July 5,1927   | Peritonitis  | 3 days ago                |
| BUREAU V. S.   |               |  |                           |
| Other contributory causes of importance:   |               | Other contributory causes of importance:   |                           |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year                    |
|  |               |  |                           |
|  |               |  |                           |

-WRITE PLANTLY, WITH UNFADING LINE Stated EXACTLY. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECALD. Every item of infor-**JARGIN RESERVED FOR BINDING** TION is very important. See instructions on back of certificate. N. B.—WRITE PLA

| STATE OF MARYLAND  | -CERTIFICATE OF DEATH   |
|--|---|
| 1. PLACE OF DEATH  | 1/0838  |
| County Cell  | Registration Dist. No. 96   |
| Village or City Jord We Josef  | No. St Ward   |
| Length of residence In city or town where death occurred 3 yrs.  | (If death occurred in a horpital or institution, give its NAME instead of street and number)  mosds. How long In U.S. If of foreign birth?yrsmosds. |
| (1 2 2 12 ) 21 2 - 11  |   |
| (a) Residence: No. Pulatilima (Ususi piace of abode)   | St., Ward.  If u. S. Veteran, specify WAR  St., Ward.  If nonresident give city or town and State   |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH  |
| 3. SEX 4. COLOR OF RACE 5, SINGLE, MARRIED, WIDOWED  |   |
| Lewale with married ward   |   |
| 5a. If marriad, widowed or divorced HUSBAND of (or) WIFE of AMUSO - AMUSO - AMUSO - AMUSO - AMUSO - AMUSO AMUSO - AMUS | 22. HEREBY CERTIFY That I attended deceased from  |
| 1 12 10 81   | 190 10 19 19 3  |
| 6. DATE OF BIRIFH (month, day, and year)   | I last saw h LV alive on 1937; death is said  |
| 7. AGE Years Myriths Days If LESS that I day,  |   |
|  | were as follows:  |
| 8. Trade, profession, or particular kind of work done, as SPINNER, Asuse was SAWYER, BOOKKEEPER, etc.  |   |
| kind of work done, as SPINNER, Abuse was SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, Cook for SAW MILL, BANK, etc.  10. Date deceased last worked at this operation that the cook of the same sense in this operation that the same sense in this cook of the same sense in the same  | (MIMY Lector) 1/36  |
| 10. Date deceased last worked at this occupation month and year)  year)  11. Total time (years) spent in this year)  occupation  |   |
| 12. BIRTHPLACE (city or town) Inladelphia  | Other Contributory Cause of Importance:   |
| (State or country)   |   |
| 14. BIRTHPLACE (city or town)  |   |
| 4 14. BIRTHPLACE (city or town) Aula   | Neme of operation   |
| (State of country)   | What test confirmed diagnosis? Was there an autopsy?  |
| 15. MAIDEN NAME CICL A SCAN  | 23. If death was due to external causes (VIOLENCE) fill in also the following:  |
| 15. MAIDEN NAME LICE (city or town)  16. BIRTHPLACE (city or town)  (State for equality)   | Accident, suicide, or homicide? Date of injury, 19  |
| 17. INFORMANT James of Meadle (Address) ( Forth Debroart Will.   | Where dld injury occur?   |
| 18. BURIAL, COMMATION, OR REMOVAL ON Date Oct 13 19  | Manner of Injury  |
| 19. UNDERTAKER ILLA (attersoy) . (Address) Perryfielle and.  | 24. Was disease or injury In any way related to occupation of deceased?   |
| 20. FILE DEV 17 B37 Lo I Sander  | (Signed) M. E. M. E.  |

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| Ex   | cample I                  |               | Example II   |               |
|--|---------------------------|---------------|--|---------------|
| The principal cause of dear<br>of importance were as follo | th and related causes ws: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | NOW E 1007                | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis                             | 140A 9 1901               | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | BUREAU V.                 | July 5,1927   | Peritonitis  | 3 days ago    |
| Other contributory causes                                  | of importance:            |               | Other contributory causes of importance:                                       |               |
| Gallstones   |                           | May 1,1923    | Gastroenteritis  | 1 year        |
|  |                           |               |  |               |

state

# STATE OF MARYLAND—CERTIFICATE OF DEATH

| 1. PLACE OF DEATH   | 30.7          |                               |                                  | (23)  |
|---|---------------|-------------------------------|----------------------------------|---|
| County C.e.C  | il            | ******                        |                                  | Registration Dist. No. 92   |
| Village or CityElkt  Longth of residence in city or town w                        |               | urred                         |                                  | No. United to the Hold of the How long in U.S. If of foreign birth? |
| 2. FULL NAME  | art P         | Mean                          | ma                               | If U. S. Veteran, specify WAR   |
|   |               | e laraner                     |                                  |   |
| (a) Residence: No.  | (U            | sual place o                  | f abode)                         | St., Ward. Rising Sun R.D.  If nonresident give city or town and State  |
| PERSONAL AND STAT   | STICAL        | PARTIC                        | CULARS                           | MEDICAL CERTIFICATE OF DEATH  |
| 3. SEX 4. COLOR OR RACE Female White  | 5. SING<br>OR | DIVORCED                      | tiED, WIDOWED, (write tha word)  | 21. DATE OF DEATH John 14, 1937 (Month) (Day) (Year)  |
| 5a. If married, widowed, or divorced<br>HUSBAND of<br>(or) WIFE of Jan            | es F          | . Mea                         | rns                              | 22. I HEREBY CERTIFY, That I attended deceased from   |
| 6. DATE OF BIRTH (month, day, and year)   |               | June                          | 7. 1889                          | I last saw h de alive on Och 74 1937; death Is said   |
| 7. AGE Years Month  | s             | Days                          | If LESS than 1 day,hrs. ormin.   | to have occurred on the data stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:                                     |
| 8 Trada profession or particular  |               | House                         |                                  | Palmoren Juher Co loan 1952   |
| 9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc |               |                               |                                  |   |
| 10. Data deceasad last worked at this occupation (month and yaar)                 |               | 11. Total tii<br>spen<br>occu | me (yaars)<br>tin this<br>pation | Other Contributory Couses of importance:  |
| 12. BIRTHPLACE (city or town)(Stata or country)                                   | Near I        | Ibene                         | zer                              | Fraeng  |
| 🖺 13. NAME William  | R. Arr        | nour                          |                                  | Cardias Fartine   |
| H 13. NAME William  14. BIRTHPLACE (city or town) (State or country)              | Nori          | h Ea                          | st<br>Md.                        | Name of operation Date of What test confirmed diagnosis? Lelinie Was there an autopsylva  |
| 15. MAIDEN NAME   | Da            | wson                          |                                  | 23. If death was due to external causes (VIOLENCE) fill in also tha following:  |
| 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)                  | North         | ı Ens                         | Md.                              | Accident, suicide, or homicide?   |
| 17. INFORMANT James (Address) Ris   | F. Mealing St |                               | d R.D.                           | Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.   |
| 18. BURIAL, CREMATION, OR REMOVAL Place Rosebank at                               | Calm          | ert 1                         | 04_1719_37                       | Manner of Injury  |
| 19. UNDERTAKER OSIGN (Address) North E  | R.            | S.                            | Louis                            | 24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed) M. Chard X, Sorolle M. D.   |
| 20. FILED 19 19   | Osas          | 110                           | Registrar.                       | (Address) / & lath, he  |

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|--|---------------|--|---------------|
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| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| NOV 5 1937   |               |  |               |
| Other contributory causes of importance: S.                                    |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |

PHYSICIANS should state LY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA-Exact statement AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied. N. B.-WRITE PL.

| Length of residence in city or town where death occurred by the second in a hopital or institution, give in NAME instead of street and number)  2. FULL NAME  (a) Residence: Na  | STATE OF MARYLAND—  | -CERTIFICATE OF DEATH 10840  |
|--|---|--|
| Village or City.  Langth of residence in city or town where death occurred.  2. FULL NAME  (a) Residence: Na  (b) Langth of residence: Na  (b) Langth of residence: Na  (c) Langth of residence: Na  (b) Langth of residence: Na  (c) Residence: Na  (c) Langth of residence: Na  (d) | (00,0   | 46-6   |
| Langth of residance in city or fown where dash occurred a. 6. yysmos   | County  | Registration Dist. No.   |
| Langth of residence in city or town where death occurred. A. yr  |   | (Mard Leath occurred in a hospital or institution, give its NAME instead of street and number)                     |
| 2. FULL NAME  (a) Residence: No. John Section of State of | Length of residence In city or town where death occurred 6 yrs mo |  |
| (a) Residence: No. State of Country)  PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  SERVING ACCIOR OR RACE  S. SINGLE, MARRIED, WIDOWED  OR DYOKERGE Univerted North Ord OR DYOKERGE Univerted Name of Copy of C | 2. FULL NAME Marsaret. 1  | N'   |
| PERSONAL AND STATISTICAL PARTICULARS  SENCE A COLOR OR RACE  SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word)  OR DIVORCE | (a) Residence: No lost Welling it mil                             |  |
| SET HOLE 4. COLOR OR RACE  WINTER  WITH STATE OF BIRTH (month, day, and year)  DATE OF BIRTH (month, day, and year)  AGE  Years  Months  Days  II LESS than 1 day. hrs. free, profession, or particular line of work done, as SPINNER. SAVYER, BOOKREPER, atc.  SAVYER, BOOKREPER, atc.  9. Industry or business in which work was done, as SIXK MILL  10. Date descared lest worked at at SIXK MILL  10. Date descared lest worked at at SIXK MILL  10. Date descared lest worked at at SIXK MILL  11. Total time (verse)  SAVYER, BOOKREPER, atc.  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (State or country)  18. MAIDEN NAME  29. INFORMANT  (State or country)  19. JAT desch was due to external ceuses (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  What test confirmed diagnosis?  West there an autopsyr.  21. Ideath was due to external ceuses (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (State or country)  18. MAIDEN NAME  29. UNDORTHERED  Mennar of Injury  Name of operation  What test confirmed diagnosis?  West there an autopsyr.  29. Industry occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  (Address)  (Signad)  Mennar of Injury  Name of operation  Mennar of Injury  Name of Injury  Name of operation  What test confirmed diagnosis?  West there an autopsyr.  Accident, suicide, or homicide?  Name of operation  What test confirmed in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  (Signad)  Mennar of Injury  Name of Injury  Name of operation  Name of operat |   |  |
| ## OR DIVORCED Counter to word  ## OF DIVORCED Counter  ## OF DIVORCED Counter | PERSONAL AND STATISTICAL PARTICULARS                              | MEDICAL CERTIFICATE OF DEATH   |
| e. If married, widowed, of divorced HUSBAND of (or) WIFE of Corp. WIFE o | OR DIVORCED (write the word)                                      | (CCTOTA - 2 193 / -  |
| DATE OF BIRTH (month, day, and year)  DATE OF BIRTH (month, day, and y | e. If marriad, widowed, or divorced                               |  |
| DATE OF BIRTH (month, day, and year)  AGE  Years  Monthy  Days  If LESS than 1 day, hr. 1 day, hr. 1 day, hr. 2 liday, hr. 3 liday, hr. 4 liday, hr. 4 liday, hr. 4 liday, hr. 5 liday, hr. 5 liday, hr. 5 liday, hr. 5 liday, hr. 6 liday, hr. 7 liday, hr. 8 liday, hr. 9 liday, hr. 9 liday, hr. 1 liday. 1 l | (or) WIFE of Philliam . Horns                                     | (00+ 2 - 3)  |
| B. Trede, profession, or particular kind of work done, as SPINNER.  SAWER, BOOKEPER, atc.  9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc.  10. Data decased lest worked at this occupation (month and 1937)  (State or country)  13. NAME  14. BIRTHPLACE (city or town).  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town).  (State or country)  17. INFORMANT  (Address)  8. BURIAL, GREMATION, OR REMOVAL  (Particular of the provided in INDUSTRY, in HOME, or in PUBLIC PLACE.  24. Was disaase or injury in any way related to occupation of daceased?  16. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  24. Was disaase or injury in any way related to occupation of daceased?  17. NATURAL Company of the provided in the provided in the provided in the provided in the public place.  18. Trede, profession, or particular were and clauses of importance were and clauses of importance.  19. The PRINCIPAL CAUSE OF DEATH and related causes of importance were and clauses of importance.  10. Later of the provided and country.  11. Total tima (years) of the provided and country.  12. BIRTHPLACE (city or town).  (State or country)  13. NAME  14. BIRTHPLACE (city or town).  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town).  (State or country)  16. BIRTHPLACE (city or town).  (State or country)  17. Where did Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Mennar of Injury.  Nature of Injury in any way related to occupation of daceased?  17. Nature of Injury in any way related to occupation of daceased?  18. Description of the provided and pr | 5. DATE OF BIRTH (month, day, and year) Jone - 75-1869            | (1 c+ -  |
| B. Trede, profession, or particular severe as tellows:  B. Trede, profession, or particular severe as the profession of the profes | 1 2200 1121   |  |
| 8. Frede, profession, or particular sind of work done as SPINKER SAWYER, BOOKKEPER, atc.  9. Industry or business in which work was done as SILK MILL SAWILL, BANK, etc.  10. Data daceased lest worked at this occupation (month end 1937)  11. Total tims (years) of the part in this year)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  7. INFORMANT (State or country)  7. INFORMANT (Address)  8. BURIAL, CREMATION, OR REMOVAL Place  15. MAIDEN OR REMOVAL Place  16. SIRTHPLACE (city or town) (State or country)  7. INFORMANT (Address)  8. BURIAL, CREMATION, OR REMOVAL Place (Address)  9. UNDERTAKER  19. Total tims (years)  10. Data daceased instruction  10. Data daceased instruction  11. Total tims (years)  12. MILL BANK CLS  MIL |   | THE PRINCIPAL CAUSE OF DEATH and talatad causes of importance  |
| Jeffer of the process | R Trade profession or particular                                  | Carcinoma of intestines rea  |
| Date of  | SAWYER, BOOKKEEPER, atc.  | 0.   |
| 2. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  7. INFORMANT  (Address)  8. BURIAL, GREMATION, OR REMOVAL  Place  Place  19. Accident, suicide, or homicide?  (State or country)  Where did Injury occur?  Specify whether injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE.  Mennar of Injury  Nature of Injury  19. UNDERTIKEB  (Address)  (Signad)  Mennar of Mary In any way related to occupation of daceased?  If so, specify  (Signad)  M.  M.  Other Contributory Causes of Importance:  Other Contributory Causes  Name of operation.  Name of operation.  Name of operation.  Other Contributory Causes  Name of operation.  Other Contributory Causes  Name of operation.  Name of operation.  Name of operation.  Nature of Injury  | 9. Industry or business in which work was done, as SILK MILL      | Metartices un durin -  |
| 2. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  7. INFORMANT  (Address)  8. BURIAL, GREMATION, OR REMOVAL  Place  Place  19. Accident, suicide, or homicide?  (State or country)  Where did Injury occur?  Specify whether injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE.  Mennar of Injury  Nature of Injury  19. UNDERTIKEB  (Address)  (Signad)  Mennar of Mary In any way related to occupation of daceased?  If so, specify  (Signad)  M.  M.  Other Contributory Causes of Importance:  Other Contributory Causes  Name of operation.  Name of operation.  Name of operation.  Other Contributory Causes  Name of operation.  Other Contributory Causes  Name of operation.  Name of operation.  Name of operation.  Nature of Injury  | SAW MILL, BANK, etc.  | 'do  |
| Other Ceatribatery Causes of Importance:  Other Ceatribatery Causes of I | this occupetion (month end ), 937 spent in this                   |  |
| (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place (CADDRESS)  19. UNOERTAKEB  19. UNOERTAKEB | P. A. M. B. P. R. C.  | Other Centributory Causes of Importance:   |
| 13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  16. BIRTHPLACE (city or town) (State or country)  7. INFORMANT (Address)  8. BURIAL, CREMATION, OR REMOVAL Place (CADDRESS)  9. UNDERTAKEB LL  ACCIDENT AND ACCIDENT | 2. BIRTHPLACE (city or town) And hughour, 1740                    |  |
| What test confirmed diagnosis? Wes there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  7. INFORMANT (Address)  8. BURIAL, CREMATIONS OR REMOVAL Place Usefficially place  16. Can  | 1 111   |  |
| What test confirmed diagnosis? Wes there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  7. INFORMANT (Address)  8. BURIAL, CREMATIONS OR REMOVAL Place Usefficially place  16. Can  | 13. NAME Marga Dunkle   |  |
| What test confirmed diagnosis?  West there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  Where did Injury occurred In INOUSTRY, In HOME, or In PUBLIC PLACE.  (Address)  8. BURIAL, CREMATION, OR REMOVAL  Place Useful Country  Date  Of Injury  Place Useful Country  O. FILED  O. FILED  What test confirmed diagnosis?  West there an autopsy?  23. If daeth was due to external ceuses (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?  O. Specify city or town, county and State)  Specify whether injury occurred In INOUSTRY, in HOME, or In PUBLIC PLACE.  Mennar of Injury  Nature of Injury  14. Was disaase or Injury In any way related to occupation of daceased?  If so, specify  (Signad)  M.   | 14. BIRTHPLACE (city or town)                                     | Name of operation Date of  |
| Where did Injury occur?  (Specify city or town, county and State)  Specify whether injury occurred In INOUSTRY, In HOME, or In PUBLIC PLACE.  (Address)  8. BURIAL, CREMATION, OR REMOVAL  Place Continued and Continued and Continued and State)  Nature of Injury  9. UNDERT KER CONTINUED  (Address)  19. The Continued and State of Injury In any way related to occupation of daceased?  (Address)  19. UNDERT KER CONTINUED  (Address)  (Signad)  Mennar of Injury  24. Was disaase or Injury In any way related to occupation of daceased?  (Signad)  M.  | (State of country)  | What test confirmed diagnosis? Wes there an autopsy?   |
| Where did Injury occur?  Specify city or town, county and State)  Specify whether injury occurred In INOUSTRY, In HOME, or In PUBLIC PLACE.  (Address)  B. BURIAL, CREMATION, OR REMOVAL  Place Leafurage  Date  On Home of Injury  Nature of Injury  Address  Latterane  (Address)  Specify whether injury occurred In INOUSTRY, In HOME, or In PUBLIC PLACE.  Where did Injury occur?  Specify whether injury occurred In INOUSTRY, In HOME, or In PUBLIC PLACE.  Mennar of Injury  Nature of Injury  24. Was disaase or Injury In any way related to occupation of daceased?  If so, specify  (Signad)  M.  M.  | 15. MAIDEN NAME Collygeth Stevent                                 | 23. If daeth was due to external ceuses (VIOLENCE) fill In also the following:                                     |
| Where did Injury occur?  Specify city or town, county and State)  Specify whether injury occurred In INOUSTRY, In HOME, or In PUBLIC PLACE.  (Address)  B. BURIAL, CREMATION, OR REMOVAL  Place Leafurage  Date  On Home of Injury  Nature of Injury  Address  Latterane  (Address)  Specify whether injury occurred In INOUSTRY, In HOME, or In PUBLIC PLACE.  Where did Injury occur?  Specify whether injury occurred In INOUSTRY, In HOME, or In PUBLIC PLACE.  Mennar of Injury  Nature of Injury  24. Was disaase or Injury In any way related to occupation of daceased?  If so, specify  (Signad)  M.  M.  | 16. BIRTHPLACE (city or town) faces of Co                         | Accident, suicide, or homicide? Date of Injury, 19   |
| (Address)  8. BURIAL, CREMATION: OR REMOVAL  Place Leaffur Date Cet. 5 , 19 37  Nature of Injury  Nature of Injury  (Address)  24. Was disease or Injury In any way related to occupation of daceased?  (Address)  15 to Dacudeso  (Signad)  M.  (Signad)  | (State or country)  | Where did Injury occur?  |
| Place Configury  9. UNDERT KEP CO Satteran  (Address)  O. FILED O 1937 Soulders  (Signad)  Mennar of Injury  Nature of Injury  Nature of Injury  18 so, specify  (Signad)  M. M. M.  |   | (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. |
| Place Celly to Wingham Date Co., 19 37.  Nature of Injury.  9. UNDERT KEB LE O. Latteran 24. Was disease or Injury In any way related to occupation of daceased?  (Address) Serry will, W. 19 19 19 19 19 19 19 19 19 19 19 19 19  | 8. BURIAL, CREMATIONS OR REMOVAL ( COLUM ( ) . A ( -              | Mennar of Injury   |
| 9. UNDERT KEB 10 (Atternation (Address) (Signad) 24. Was disease or Injury in any way related to occupation of daceased? (O If so, specify (Signad) (Signad) M.  | Place Vertus Wingham Date Cet. 1937                               | ,  |
| 0. FILED 6-5 137/ Lo Danders (Signad) D. J. J. Smoon y M.  | 9. UNDERT KEB LO G Satterand<br>(Address) Gerrifaelle, Mill       | 24. Was disease or Injury In any way related to occupation of daceased?  |
|  | 10. FILED/O-V 1937/Lo Deules Registrat.                           | 7 1 1 221472   |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis . Sa F. E. V. E. D.   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage NOV 5 1937   | July 5,1927   | Peritonitis  | 3 days ago    |
| BUREAU V. S.   | - AC          |  |               |
| Other contributory causes of importance:                                       | 1             | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |

| ADDITIONAL SPACE FOR FURTHER STATEMEN | NTS BY | PHYSICIAN |
|---------------------------------------|--------|-----------|
|---------------------------------------|--------|-----------|

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state B.—WRITE PLAKELY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. **JARGIN RESERVED FOR BINDING** TION is very important. See instructions on back of certificate.

V. S. No. 1

ż

| STATE OF MARYLAND—   | CERTIFICATE OF DEATH  |
|--|---|
| 1. PLACE OF DEATH  | 820   |
| County (gcsl)  | Registration Dist. No.  |
| Village or City Crellon and  | NoSt.,Ward  |
| Length of residence in city or town where death occurred 30 yrs  | death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?mosds. |
| 2. FULL NAME STEMGO ST. PORCE  | If U. S. Veteran, specify WAR.  |
| (a) Residence: No.   | St., Ward.  If nonresident give city or town and State  |
| (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH  |
| 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (awrite We word) Malo Malo  | 21. DATE OF DEATH 20 193 7 (Year)   |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of H. Fda Padley   | 22. I HEREBY CERTIFY, That I attended deceased from   |
| 6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Day If LESS than 1 day,hrs.   | I last saw h alive on the date stated above, at 2.1524 m.   |
| 8 Trade profession or particular   | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset   |
| SAWYER, BOOKKEEPER, etc  | Chronic Aypertension 12.6.3   |
| SAW MILL, BANK, etc  |   |
| 12. BIRTHPLACE (city or town) Delaware) (State or populary)  | Other Contributory Causes of importance:  |
| 13. NAME James & Padly   |   |
| (State of country)   | Name of operation   |
| 15. MAIDEN NAME (LITTLE OF TOWN) England  (State or country)   | 23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?                          |
| 17. INFORMANT Celester B. Mutchelle. (Address) Ceretton, ma.   | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.                        |
| 18. BURIAL, CREMATION, DR REMOVAL Places alling County Date Oct 22, 1937   | Manner of Injury  |
| 19. UNDERTAKER SAW A CASCILLATION OF CHARLES CASCILLAT | 24. Was disease or injury in any way related to occupation of deceased?   |
| 20. FILED TO W, 19.37 Registrar.   | (Signed) M. D. (Address) Mudilleland D. (Address) Mudilleland D. (Address) M. S. No. 1.   |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritondis Men.  | 3 days ago    |
|  |               | 4 480/   |               |
|  |               | II Bi dear .   |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |

FOR BINDING

IARGIN RESERVED

V. S. No. 1 N. B.

## STATE OF MADVI AND CEDTIFICATE OF DEATH

| 1. PLACE OF DEATH   |                                     |                                       |  |            |
|---|-------------------------------------|---------------------------------------|--|------------|
| County Qual   | ,                                   | A                                     | Registration Dist. No. 93  |            |
| Village or City Oatsid  | 9 / 00-1/                           |                                       | NoSt.,St.,St.,   | -          |
| Length of residence in city or town   | 100.                                |                                       | ds. How long in U.S. if of foreign birth?yrsmos  |            |
| 2. FULL NAME Dam  | me r. Pu                            | nce                                   | If U. S. Veteran, specify WAR  |            |
| (a) Residence: No. Out  | (Usual place of                     | y & Kz                                | St.,Ward.  If nonresident give city or town and State  |            |
| PERSONAL AND STA  | TISTICAL PARTICI                    | JLARS                                 | MEDICAL CERTIFICATE OF DEATH   |            |
| 3. SEX 4. COLOR OR RA mole white  | CE 5. SINGLE, MARRIE<br>OR DIVORCED | write the word)                       | 21. DATE OF DEATH 26 (Day) (193. (Day) (193. (Day) (193. (Day) (Da | 7<br>(eer) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of                            | ! Perce                             |                                       | 22. PIHEREBY CERTIFY, Thet I altended decees   | ed fi      |
| 6. DATE OF BIRTH (month, dey, end yeer  | Hel. 18. 18                         | 62                                    | l lest saw h use elive on OU 26 ,19 3) ; deat  | h is s     |
|   | nths Deys                           | If LESS then                          | to have occurred on the dete steted above, at 1.20 m.  |            |
| 75 8  |                                     | I day,hrs.<br>ormin.                  | The PRINCIPAL CAUSE OF DEATH and releted causes of importence were establiows:   |            |
| 8. Trade, profession, or perticular kind of work done, as SPINN SAWYER, BOOKKEEPER, etc | ER. Harmer.                         |                                       | Carelliana & had of Paverea Date   | 2          |
| 9. Industry or business in which work wes done, as SILK MILI SAW MILL, BANK, etc        |                                     | **                                    |  |            |
| 10. Date deceased lest worked et<br>lhis occupation (month and<br>year)                 | t-1935 II. Totel time spent i       | n this , /-                           |  |            |
| 12. BIRTHPLACE (city or town)   | ising Sun,                          |                                       | Other Contributory Causes of importance:   |            |
| 13. NAME WW   | com Pyre                            | 2                                     |  |            |
| 14. BIRTHPLACE (city or town)   | Riging Sus                          | · · · · · · · · · · · · · · · · · · · | Name of operation Dete of  |            |
| (State of country)  | 1 ma                                |                                       | What test confirmed diegnosis? Wes there an autopsy  | ?          |
| 15. MAIDEN NAME Date  | h Rogers.                           |                                       | 23. If deeth was due to externel ceuses (VIOLENCE) fill in elso the following:   |            |
| 16. BIRTHPLACE (city or town)   | 1                                   |                                       | Accident, suicide, or homicide? Dete of Injury   | 9          |
| (State or country)  | 1                                   |                                       | Where did injury occur?(Specify city or town, county and State)  |            |
| 17. INFORMANT Mo. Ea<br>(Address) Rising  | Sun me                              |                                       | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  |            |
| 18. BURIAL, CREMATION, OR HEMOVAL   | 12-1 2 4                            |                                       | Menner of injury   |            |
| Place 10 wo pull  | V/nacoate Oct o                     | 30,19.37                              | Neture of injury   |            |
| 19. UNDERTAKER L. G. Ty (Address) Pising  | Sun Ind.                            |                                       | 24. Wes disease or injury In eny way releted to occupetion of deceesed?  |            |
| 20. FILED Och 30 1937   | alm;                                | Registrar.                            | (Signed) Krockettle Rusself (Address) Rescue Referent to   | - N        |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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| Example 1  |               | Example 11   |                           |
|--|---------------|--|---------------------------|
| The principal cause of death and related causes of importance were as follows:  Arterioselerosis | Date of onset | The principal cause of death and related causes of importance were as follows:  Attack of epilepsy | Date of onset  1 week ago |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago                |
| Cerebral hemorrhage NOV 3  | July5,1927    | Peritonitis  | 3 days ago                |
| BUREAU V. S  |               |  |                           |
| Other contributory causes of importance:   |               | Other contributory causes of importance:   |                           |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year                    |
|  |               |  |                           |

RESERVED

Length of residence in city or town where death occurred. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 5a. If marriad, widowed, or divorced HUSBAND of CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7 7. AGE 8. Trade, profassion, or particular kind of work done, as SPINNER, OASSWYER, BODKKEEPER, etc. OCCUPATION 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc .... 10. Date deceased last worked at 11. Total tima (yaars) this occupation (month and spent In this occupation \_\_\_ (State or country) FATHER 14. BIRTHPLACE (city or town (Stata or country) MOTHER 15. MAIDEN NAME 23. If death was dua to external causes (VIDLENCE) fill in also the following: 16. BIRTHPLACE (city or town (State or country) Where did injury occur? .... (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, DR REMOVAL Nature of Injury. 24. Was disease or Injury in any way related to occupation of deceased? (Address) If so, specify Registrar.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  |                    |               | Example II   |               |  |
|--|--------------------|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: |                    | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |  |
| Arteriosclerosis   | FIVEN              | 1915          | Attack of epilepsy   | 1 week ago    |  |
| Chronic interstitial nephri  | tis _ tis          | 1921          | Run over by street ear   | 1 week ago    |  |
| Cerebral hemorrhage  | NOV 1 1937         | July 5,1927   | Peritonitis  | 3 days ago    |  |
|  | BURLAU V. S.       | 3/1           |  |               |  |
| Other contributory can   | ses of importance: |               | Other contributory causes of importance:                                       | 1774          |  |
| Gallstones   |                    | May 1,1923    | Gastroenteritis  | 1 year        |  |
|  |                    |               |  |               |  |
|  |                    | 1             |  |               |  |

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA |
|---|
|---|

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B.—WRITE PLAIMLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-(ARGIN RESERVED FOR BINDING V. S. No. 1

| STATE OF MARYLAND—  | CERTIFICATE OF DEATH  | 5844            |
|---|---|-----------------|
| 1. PLACE OF DEATH   | (210-m) FT  | *               |
| County Seech  | Registration Dist. No.  | 0               |
| Village or City Warnella  | No. Outsed St.  | Ward            |
|   | death occurred in a hospital or institution, give its NAME instead of street and r  | number)         |
| I a la Willi  | ds. How long In U.S. if of foreign birth?   | osds.           |
| 2. FULL NAME CAUSE  | If L.S. Veteran, specify WAR  |                 |
| (a) Residence: No. (Usual place of abode)   | A.St  | State           |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH  |                 |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)   | 21. DATE OF DEATH /O //   | , 193           |
| 5a. If married, widowed, or divorced  | (Month) (Day)   | (Year)          |
| HUSBAND of<br>(or) WIFE of  | 22. I HEREBY CERTIFY, That strended   | deceased from   |
| 9-21/19/11  | 19.3.2, to  | , 19.           |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than   | 1216  | ; death Is said |
| 2 3 1 1 day,hrs.  | to have occurred on the date steted above, atm.  The PRINCIPAL CAUSE OF DEATH and setated causes of importance                |                 |
| 8. Trade, profession, or particular   | were as follows: Cellul   | Date of onset   |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased lest worked at  11. Total time (years) | of all an   |                 |
| 9. Industry or business in which work was done, as SILK MILL,   | 1) Theele   |                 |
| SAW MILL, BANK, etc.  | Lastine of left   |                 |
| 10. Date deceased lest worked at this occupetion (month and year)   | (1/1000000 )  |                 |
| (Doc ()   | Other Contributory Canges of importance:  |                 |
| 12. BIRTHPLACE (city or town) (State or country)  |   |                 |
|   |   |                 |
| E / /Lo.  |   |                 |
| 14. BIRTHPLACE (city or town) (State or country)  | Name of operation Date of   |                 |
| # 15. MAIDEN NAME ANNIE / Bard.   | What test confirmed diagnosis? Was there an e   |                 |
| 15. MAIDEN NAME COUNTY 16. BIRTHPLACE (city or town)  | 23. If death was due to external causes (VIOL ENCE) fill in also the following Accident, shiring of holicide:  Date of infury | 1-1037          |
| Stete or country)   | Where did injury oburing assembly to han  | els             |
| 17. INFORMANT & LU GOLIGICA   | (Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLA   | e)              |
| (Address) Your Ma   | ( Word / while  |                 |
| 18. BURIAL, CREMATION, OR REMOVAL   | Manner of injury Cutto welly  | ,Al             |
| Place Saas afras Canaling Date Oct 13 , 1937  | Nature of Injury The sustaine of spe  | M               |
| 19. UNDERTAKER John F. Caffage  | 24. Was disease or injury In any way related to occupation of deceased? . 9   | w               |
| (Address) Creillen (Ma)   | If so, specify  | ovor            |
| 20. FILED Del 12, 19 37 Dack Refinal  | (Signed) (Address) (Address)  | M.D.            |
| If more blanks are needed, address State Registrar,   | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.  |                 |

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  |                 | Example II   |               |
|--|-----------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset   | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915            | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921            | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927     | Peritonitis 30192  | 3 days ago    |
|  |                 |  |               |
| Other contributory causes of importance:                                       | BANK CONTRACTOR | Other contributory causes of Importance:                                       | 752 29        |
| Gallstones   | May 1,1923      | Gastroenteritis  | 1 year        |
|  |                 |  |               |
|  |                 |  |               |

Ward

#### STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH OCCI Jo should County item Village or City Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city\_or\_town where death occurred statement (a) Residence: No. (Usual place of abode) xact PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.

OR DIVORCED (write the word)

11. Total time (yaers)

spent in this

occupation\_

If LESS than I day, ....hrs

Days

|                       | How long In U.S. if     | of foraign birth? | yrs                | mosds.                       |
|-----------------------|-------------------------|-------------------|--------------------|------------------------------|
| les                   | If U. S. Veteran        | , specify WAR     |                    |                              |
| _St,                  | Ward.                   |                   |                    |                              |
|                       | MEDICAL                 |                   | E OF DEAT          |                              |
|                       |                         | EKTIFICAT         | E OF DEAT          | П                            |
| 1. DA1                | E OF DEATH              | Taker             | 50                 | 193 7                        |
|                       |                         | (Month)           | (Day)              | (Year)                       |
| ast saw               | h_ &1 alive on _        |                   |                    |                              |
| o have oc             | curred on the date stat |                   | 3 O                | nded deceased from 2, 19 2 2 |
|                       | curred on the date stat | ted above, at     | m.                 |                              |
| The PRIN<br>wera as f | curred on the date stat | ted above, at     | usas of importance | Oate of onset                |

Registration Dist. No.

0 certificate. JO back may should on so that instructions terms, See plain carefully important OF DEATH mation should very CAUSE TION

FOR BINDING

ARGIN RESERVED

V. S. No. 1

ż

14. BIRTHPLACE (city or town (State or country)

16, BIRTHPLACE (city or town)

Months

17. INFDRMAN (Addrass)

(State or country)

18. BURIAL, CREMATION, OR REMOVAL C

5e. If merriad, widowed, or divorced HUSBAND of (or) WIFE of

7. AGE

OCCUPATION

HER

FAT

MOTHER

6. DATE OF BIRTH (month, day, end year)

8. Trade, profession, or perticular

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc......

this occupation (month and

year) \_\_\_\_\_

10. Dete deceased last worked at

12. BIRTHPLACE (city or town) (Stata or country)

kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc....

Years

19. UNDERTAKER (Address)

if so, specify

Nature of Injury.

What test confirmed diagnosis?

Where dld Injury occur?\_\_\_\_

24. Wes disease or injury in any way related to occupation of deceased

23. If daath wes due to axternal causes (VIDLENCE) fill in also the following: Accidant, suicide, or homicide?\_\_\_\_\_ Date of Injury\_\_\_\_\_ 19

Spacify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.

(Signed). (Addrass)

(Specify city or town, county and State)

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Registrar.

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| Example L   V E  | 11            | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | hate of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Antonionalanania   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis  Cerebral hemorrhage                            | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |

| ADDITIONAL SPACE FOR I | FURTHER | STATEMENTS | $\mathbf{BY}$ | PHYSICIAN |
|------------------------|---------|------------|---------------|-----------|
|------------------------|---------|------------|---------------|-----------|

V. S. No. 1

| STATE OF MARYLAND—   | CERTIFICATE OF DEATH 10846   |
|--|--|
| 1. PLACE OF DEATH  | 93-0   |
| County Clail   | Registration Dist. No. 95  |
|  | ND. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)   |
| Length of rasidenca in city or torm where death occurredmos.   | ds. How long in U.S. if of foraign birth?yrsmosds.   |
| 2. FULL NAME JOHN III JOHN   | If U. S. Veteran, specify WAR  |
| (a) Residence: No. (Usual place of abode)  | St., Ward.  If nonresident give city or town and State   |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DINORCED (write the word)  | 21. DATE OF DEATH OFOCEA - YO - 193 7 - (Month) (Day) (Year)   |
| 5a. If matriad wideward or divorced HUSBAND of Car) WHE of Carlo William B. Shows  6. DATE OF BIRTH (month, dey, end yaar) Oct, 13 1852  7. AGE Years Months Days If LESS than 1 day,hrs. ormin.               | 22. A I HEREBY CERTIFY. That I attanded deceased from  A D 2 2 19 7 to 7 19 37  I last saw h   |
| 8. Trada, profassion, or particular kind of work done, as SPINNER. Returned SAWYER, BDDKKEEPER, etc.  9-Industry or business In which work was done, as SILK MILL. Palameters.                                 | Water Townic Myocardites Date of onat 1930   |
| SAW MILL, BANK, etc  1D. Dato daceased iest worked at this occupation (month end 1933 spent in this spent in this occupation (month end 1933 spent in this occupation occupation occupation (State or country) | Other Contributory Causes of Importance:   |
| 13. NAME A ame of onur  14. BIRTHPLACE (city or town) (Stata or country)  Penna  | Name of operation Dete of What tast confirmed diagnosls? Wes there an au'opsy?   |
| 15. MAIDEN NAME Jane Mc Darrow  16. BIRTHPLACE (city or town)  (State or country)  | 23. If deeth was due to external causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?  Whare did injury occur?  (Specify city or town, county and State) |
| 17. INFORMANT Port in South Md   | Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE,  |
| 18. BURIAL, CREMATION, OR REMOVAL  Plece Warlington, Md. L. Date Oct. 22, 1937   | Manner of Injury   |
| 19. UNDERTAKER AT A Bailey (Address) Darlington, Mmd,  | 24. Was disaasa or injury in any way related to occupation of deceasad?  |
| 20. FILED LET 20 19 37 Thui gtmc. Registrar.   | (Signed) Dot SE part,  |
| - Source 10 - Those bland respected, enteress State Registrar,   | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.   |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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| Example I                                    |                                   |               | Example II   |               |  |
|--|-----------------------------------|---------------|--|---------------|--|
| The principal cause of of importance were as | death and related causes follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |  |
| Arteriosclerosis                             | on the free was                   | 1915          | Attack of epilepsy   | 1 week ago    |  |
| Chronic interstitial nephr                   | ilis 3007                         | 1921          | Run over by street car   | 1 week ago    |  |
| Cerebral hemorrhage                          | NOV 3                             | July 5, 1927  | Peritonitis  | 3 days ago    |  |
|  | BURGAU V. S.                      |               |  |               |  |
| Other contributory can                       | uses of importance:               |               | Other contributory causes of importance:                                       |               |  |
| Gallstones                                   |                                   | May 1,1923    | Gastroenteritis  | 1 year        |  |
|  |                                   |               |  |               |  |
|  |                                   |               |  |               |  |

PHYSICIANS should state Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT RECORD, Every item of infor-AGE should be stated EXACTLY. be properly classified. FOR BINDING IARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. B.—WRITE PLAINLY, WITH

STATE OF MARYLAND-CERTIFICATE OF DEATH

|              | 1. PLACE OF DEATH   | (3)  |
|--------------|---|--|
|              | County Ceul   | Registration Dist. No.   |
| . 3          | Village or City Ellston / Sospetal  | No. St. Ward   |
|              |   | death occurred in a hospital or institution, give its NAME instead of street and number) |
|              |   | ds. How long in U.S. if of foreign birth?yrsmosds.                                       |
| 1            | 2. FULL NAME & oslephens &mel   | If U. S. Veteran, specify WAR  |
| 1            | (a) Residence: No. / Place of abode) (Usual place of abode)   | St., Ward.  If nonresident give city or town and State                                   |
|              | PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH   |
|              | 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,  | 21. DATE OF DEATH // 9/  |
|              | Flmal Colined Market (write the word)   | (Month) (Oay) (Year)   |
| T I          | 5a. If married, widowed, or divorced HUSBANO of   |  |
|              | (or) WIFE of Clarence In the  | 22. HEBEBY CERTIFY, That attended deceased from  |
|              | De + 12 161-6   | I last saw here alive on The 1937; death is said   |
| certificate  | 6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Oeys If LESS than                        | to have occurred on the date stated above, at 610 m.                                     |
| tific        | 1 day,hrs.  | The PRINCIPAL CAUSE OF DEATH and related causes of importance                            |
| cer          | 8. Trede, profession, or particular   | were as follows Once Oate of onset   |
| ge g         | 8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. & ausewife | my occurrence  |
| back         | work was done, as SILK MILL,  | Loreflutio   |
| on k         | U 10. Oate deceased lest worked at 11. Total time (years)   |  |
|              | this occupation (month and spent in this year)  | Chronics nephritia. Duration: Several years.   |
| instructions | 12. BIRTHPLACE (city or town) lunbaren  | Other Contributory Causes of importance:   |
| ruc          | (State or country)  |  |
| inst         | 13. NAME unknow   | . 79   |
| See          | 13. NAME Menhan   | Name of operation Date of  |
| S            | (State of country)  | What test confirmed diagnosis? Was there an autopsy?                                     |
| int.         | 15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)                                    | 23. If death was due to external causes (VIOL ENCE) fill in also the following:          |
| important    | 16. BIRTHPLACE (city or town)   | Accident, suicide, or homicide?Oate of Injury19  |
| mp           | (State or country) lengenory  | Where did injury occur? (Specify city or town, county and State)                         |
|              | 17. INFORMANT Clares of meth  | Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.                |
| very         | (Address) Place Sten and (  | Married 1  |
| . DO         | Place Cobestury Indone Oct 24 1937  | Manner of injury   |
| TION         | 1- F 7 42   | Nature of injury   |
| T.           | 19. UNOERTAKER (Address)  | 24. Wes disease or Injury In any way related to occupation of deceased?                  |
|              | 10/22- 4 22001 2000   | (Signed) / Behodood 0 MD   |
|              | 20. FILED 1937 Registrat.   | (Address) Through sun ma   |
|              |   | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.                               |

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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| Example I  | 4           | Example II   |               |  |
|--|-------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: |             | The principal cause of death and related causes of importance were as follows: | Date of onset |  |
| Arteriosclerosis   | 1915        | Attack of epilepsy   | 1 week ago    |  |
| Comback how comback and how 5 1937   | 1921        | Run over by street car   | 1 week ago    |  |
| Cerebral hemorrhage NOV 5 1957   | July 5,1927 | Peritonitis  | 3 days ago    |  |
| BUREAU V. S.   |             |  |               |  |
| Other contributory causes of importance:                                       |             | Other contributory causes of importance:                                       |               |  |
| Gallstones   | May 1,1923  | Gastroenteritis  | 1 year        |  |
|  |             |  | Union -       |  |
|  | السمسا      |  |               |  |

FOR BINDING

IARGIN RESERVED

V. S. No. 1

| County   | 999  | 4   |   |  |  |  |  |
|--|--|---|---|--|--|--|--|
| Village or City  |  |   | /   |  | Registratio  | on Dist. No. 95  |  |
|  | POUTO  | lefo  | nel   | No.  |  | ct Ct  | W  |
|  |  | - 1   |   | death occurred in a hospite  |  | ME instead of street ar  |  |
| Length of resident   | e in city or town where d  | leath occurred .e/  | yrs,mo  | ds. How long i   | n U.S. If of foreign birth?  | yrs  | _mos   |
| FULL NAME  | agory  | Jour  | RU/C  | eccuriru. S.   | Veteran, specify WAR_  |  |  |
| (a) Residence:   | No. [] 1000  | Mel   | rail  | St. Wafe   |  |  | 16   |
| PERSONAL   | AND STATISTI   |   |   | MEDI   |  |  |  |
| -  |  |   |   |  |  | - C  |  |
| 11.  | nuce   | OR DIVORCED   | (write the word)  |  | 10   | 24   | 193  |
| married withough   | or divorced  | , man   | , occur   |  | (Month)  | (Day)  | (Year  |
| HUSBAND of   | The Co   | nelson  | Yauki   | 22. I HE   | REBYCERTI  | FY, That Nattend   | ed deceased  |
| (11) 111 201 02  | The same   | 000000  | Comme   | Redn   | V (1900)   | un   | , 19   |
| TE OF BIRTH (mor   | th, day, end yaar)   | er 9  | 1872  | I last saw h al  | iva on   |  | ; daath is   |
| E Years  | Months   | Days  | If LESS than  | to have occurred on the  | date stated above, at 1.4  | m.   |  |
| 0  | 7  | 10  | ormin.  | The PRINCIPAL CAUSI<br>were as follows:  | OF DEATH and related c   | auses of Importenca  | Date of o  |
| 8. Trada, profassion   | , or particular  | 1 and The   | annen   | (010   | 1.11.CC  | VY   | Dateon   |
| SAWYER, BO   | OKKEEPER ATC   | Var OOC   | wood (  | -  | 2  | A  |  |
| 9. Industry or busi  | ness in which<br>na, as SILK MILL,   |   |   | - AC   | www  |  |  |
| O. Oate decaasad la  | st workad at   | II. Total tim   | ne (yaers)  | -  |  |  |  |
| his occupation   | on (month and  | spant   | in this   |  |  |  |  |
|  | Noge   | 10.0  | a.  | Other Contributory Can   | ses of importanca:   |  |  |
|  |  |   |   |  |  |  |  |
| 3. NAME (N   | select.  | /ww   | rest  |  |  |  |  |
|  |  |   |   | Nows of a section  |  | D.1  |  |
|  |  | 1-12  |   |  |  |  |  |
| 5 MAIDEN NAME  | mon.   | 13/11   | 4 an  |  |  |  |  |
|  |  | 1.  |   |  | MV   |  |  |
|  |  | A.  |   | -  |  | Date of mjury  | , 13   |
| Go   | The  | 1/1000  | 116   |  | (Specify city  | or town, county and  | State)   |
|  | m7 100   | 10000   | mil   | Specify whether mjury  | occurred in INDOSTAT, in   | nome, of ill Public  | PLAUE.   |
|  | OR REMOVAL   |   | ,   | Menner of Injury   |  |  |  |
| Place Lest   | notten 21  | pate Oct  | 27,193  | 7  |  |  |  |
|  | E Tu.  |   |   |  | v in any way related to co   | runation of deceased?  |  |
| (Addrasa)  | 200  | Sun   | and   | - / / / /  | , any may related to occ   | CO .   |  |
| 10/10  | 1 29   |   | 776-11  | 1 1 1 1 1  | warran   | 1 CGW  | 18   |
| LED  | WI Trans   | intim   | Registrar.  | -  | Veau   | 1 you  | W 120  |
| THO THE WAY TO SEE THE | married, witdowed, dusband of or wife of the profession kind of work was done saw work was done saw mill, but this occupation with the profession of the profession with the profession wi | married, widowed, or divorced  WSBAND of Or) WIFE of  TE OF BIRTH (month, day, end yaar)  E Years Months  8. Trada, profassion, or particular kind of work done, as SPINNER SAWYER, BOOKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAWYER, BOOKEEPER, etc.  10. Oate decaasad last workad at this occupation (month and year)  RTHPLACE (city or town)  (State or country)  3. NAME  4. BIRTHPLACE (city or town)  (State or country)  5. MAIOEN NAME  4. BIRTHPLACE (city or town)  (State or country)  5. MAIOEN NAME  4. BIRTHPLACE (city or town)  (State or country)  5. MAIOEN NAME  4. BIRTHPLACE (city or town)  (State or country)  5. MAIOEN NAME  4. BIRTHPLACE (city or town)  (State or country) | (a) Residence: No. (Usual place of Usual place of PERSONAL AND STATISTICAL PARTICAL | (a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  (A) CDLOR OR RACE  (CDLOR OR | (a) Residence: No. (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  4 (COLOR OR RACE)  S. SINCLÉ, MARRIED, WIDOWED, OR DIVORCED ("unit the word)  Married, widowed, or divorced (USBAND or or) WIFE of Usual Color of the word)  TE OF BIRTH (month, day, end year)  E. Years Month's Day's IT LESS than 1 day, this. (or min. wind of work done, as SPINNER for min. (or min. were as follows: SAWYER, BOOKEEPER, efc. (or min. SAWYER, BOOKEEPER, efc. (or min. SAWYER, BOOKEEPER, efc. (or min. SAWYER, BOOKEEPER, efc. (or output))  3. NAME (USBAND or or output)  3. NAME (City or town). (State or country)  3. NAME (City or town). (State or country)  5. MAIOEN, NAME  4. BIRTHPLACE (city or town). (State or country)  5. MAIOEN, NAME  6. BIRTHPLACE (city or town). (State or country)  7. MAIOEN, NAME  8. Trada, profession, or particular wind with this occupation (month and year)  9. Industry or business in which were as follows: Spant in this occupation. (State or country)  9. Industry or town). (State or country)  10. Onto decasaed last worked at this occupation (month and year)  11. Total time (years) (or decased last worked at this occupation. (State or country)  12. I HE I DAY (No. 1)  13. NAME  14. BIRTHPLACE (city or town). (State or country)  15. MAIOEN, NAME  16. BIRTHPLACE (city or town). (State or country)  17. MAIOEN, NAME  18. Trada, profession, or particular very district the word)  18. Trada, profession, or particular very district the word)  19. MAIOEN, NAME  19. MAIOEN, NAME  10. MERIAL, CREMATION, OR REMOVAL  11. Total time (years)  12. I HE I DAY (NAME)  12. I HE I DAY (NAME)  12. I HE I DAY (NAME)  13. Total time (years)  14. Total time (years)  15. MAIOEN, NAME  16. BIRTHPLACE (city or town). (State or country)  17. Total time (years)  18. Trada, profession, or particular very district the word)  19. Maioen (Name)  10. Total time (years)  10. Total time (years)  11. Total time (years)  12. I HE I DAY (Name)  12. I HE I DAY (Name)  13. I HE I DAY (Name)  14. BIRTHPLACE (city or town)  15. MAIOEN (Name | (a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  (A COLOR OR RACE)  S. SINGLE MARKIED, WIDOWED, OR DIVORCED (survice the word)  Married, wildowled, or divorced  USBAND or Or, Wife or or, with the word)  E Years Month's Day's IT LESS than 1 day, whis, or, or, min.  8. Trads, profassion, or particular kind of work done, as SPINKER  Work was done, as SILK MILL, SAW MILL, BANK, alc.  Onthe deceased last worked at 11. Total time (years)  It is coupled on the date stated above, at 1. The PRINCIPAL CAUSE OF DEATH and related cover as fillows:  RTHPLACE (city or town).  (State or country)  3. NAME  4. BIRTHPLACE (city or town).  (State or country)  5. MAIOEN, NAME  6. BIRTHPLACE (city or town).  (State or country)  7. MAIOEN, NAME  6. BIRTHPLACE (city or town).  (State or country)  7. MAIOEN, NAME  6. BIRTHPLACE (city or town).  (State or country)  7. MAIOEN, NAME  8. MAIOEN, NAME  9. Marker (city or town).  (State or country)  8. MAIOEN, NAME  9. Marker (city or town).  (State or country)  9. Male (city or town).  (Specify whether injury occurred in INDUSTRY, | (a) Residence: No.  (Cisual piece of abode)  PERSONAL AND STATISTICAL PARTICULARS  4 COLOR OR RACE  5. SHAGE, MARRIED, WIDOWED, OR DIVORCED (surpric the word)  MISSAND  TE OF BIRTH (month, day, end year)  E Years  Months  Days  If LESS than If day.  If all day.  If all sat saw h.  If all word was occurred on the date stated above, at.  If all years.  If all years.  If all years.  If all years.  If all years work was on as as STR MILL,  SAWYER, BOOKKEPER, as for.  Once deceased as all worked at years.  Once deceased as all worked at years.  Once deceased as all years.  Once deceased as all years.  Once deceased as all years.  Once deceased as worked at years.  Once deceased as years.  Once deceased years.  Once decease |

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| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis 101 3 131                                       | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5, 1927  | Peritonitis  | 3 days ago    |
| BUREAU V. D.   |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  | <u> </u>      |

JARGIN RESERVED FOR BINDING.

V. S. No. 1

| 1. PLACE OF DEATH   | MARTEAND  | CERTIFICATE                                | OI DEATH  | 10040           |
|---|---|--|---|-----------------|
| County Cecil a  | 30  |  | -Pagistration Diet No.  | 12              |
| 104   |   | N- /4                                      | Registration Dist. No.  |                 |
| Village or City   | (l  | f death occurred in a hospital or institut | ion, give NAME instead of street and                                    | d number)       |
| Length of rasidence in city or town whera death   | occurredyrs,mos   | ds. How long In U.S. if of                 | foreign birth?yrs   | mosd            |
| 2. FULL NAME  | u   | alson                                      |   |                 |
| (a) Residence: No.  |   | St., Ward.                                 |   |                 |
|   | (Usual place of abode)                                  |  | If nonresident give city or town as                                     | nd State        |
| PERSONAL AND STATISTICA   |   | -  | ERTIFICATE OF DEATH   |                 |
|   | SINGLE, MARRIED, WIDOWED,<br>OR DIVORCED (writche word) | 21. DATE OF DEATH                          | October 29<br>(Month) (Day)   | , 193 (Year)    |
| . If married, widowed, or divorced<br>HUSBANO of<br>(or) WIFE of  |   | 22. I HEREBY                               | CERTIFY, That I attende   | d deceased fro  |
| DATE OF BIRTH (month, day, and year)  | 6, 29-1037  | I last saw how taliva on                   | 10729-193   | e death is sa   |
| AGE Years Months  | Days   H LESS than                                      | to have occurred on the date state         | d above, at 2118 m.   | , uodin 15 di   |
|   | 1 day,hrs.  | The PRINCIPAL CAUSE OF DEAT                | H end related causes of importance                                      |                 |
| 8. Trade, profession, or particular   | ormin.  | wera as follows:                           | lann.   | Oate of one     |
| kind of work done, as SPINNER,<br>SAWYER, BODKKEEPER, etc.  | fore  | 3mm  | to sestalu  | 21              |
| kind of work done, as SPINNER, SAWYER, BODKKEPER, etc.  9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date daceased last workad et |   | Self                                       | duned   |                 |
| 10. Date daceased last worked et  | 11. Total tima (years) spant in this                    |  | Tima'   |                 |
| this occupation (month and year)  | spant in this occupation                                | COU  |   |                 |
| BIRTHPLACE (city or town) lesses  | tooltal a   | Other Contributory Causes of impo          | rtance: . '   |                 |
| (State or country) Celeto   | Marchael  | 0  |   |                 |
| 13. NAME John Wellias   | Walter  |  | ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~                                   |                 |
| 0.  |   | Name of aperation                          | Oata of   |                 |
| 14. BIRTHPLACE (city or town)(Stata or country)   | yw ma   | Name of operation                          | Oate of.  Was there as  |                 |
| 15. MAIDEN NAME Das The   | Mising 1111   |  |   |                 |
| 16. BIRTHPLACE (city or town). Plum   | regleracie of   | Accident, suicida, or homicide?            | ses (VIDLENCE) fill in also the followi                                 |                 |
| INFORMANT Abrothy W   | Watson D  | Specify whether injury occurred Ir         | (Specify city or town, county and S<br>NDUSTRY, In HOME, or in PUBLIC I | tate)<br>PLACE. |
| (Address) 3 / S Class St. B. BURIAL, CREMATION, DR REMOVAL  | viene, 1a   | M  |   |                 |
|   | Date  | Manner of injury                           |   |                 |
| 9. UNOERTAKER   |   |  | ay ralated to occupation of deceased?                                   |                 |
| D. FILED Oct 31 , 1937 \$ 6   | raus frogs  | (Signed)                                   | chrocke   | 376             |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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|--|---------------|--|---------------|
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| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Perilonilis  | 3 days ago    |
| BURGAU V. S.   |               |  |               |
| Other contributory causes of importances                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

A 3'30'

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baldmore, Requesting U. S. No. 1.

FOR BINDING

RESERVED

ARGIN

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ogo Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gollstones May 1.1923 Gastroenteritis 1 year